Workers' Compensation Law Questionnaire

Name of Program:

_____

(Please type or print.)

Address of Program:

_____

(Please type or print.)

Do you have Workers' Compensation Insurance for your employees? (check one)

□ Yes □ No

If you answered **YES** above, please provide the following information:

Policy Number _____

Binder Number _____

Insurance Company _____

Effective Date _____

Expiration Date _____

If you answered **NO** above, please submit the attached certificate of compliance application to The Workers' Compensation Commission, ATTN: Certificate of Compliance Officer, 10 East Baltimore Street, Baltimore, MD 21202-1641. You will receive a certificate of compliance from the Workers' Compensation Commission. When you receive this certificate, please mail a copy to the Office of Health Care Quality (OHCQ), Bland Bryant Building, 55 Wade Avenue, Catonsville, MD 21228 or fax a copy to 410-402-8212.

Please Note: Your license cannot be issued unless this form is completed, signed, dated, and provided to OHCQ along with your certificate of compliance (if applicable).

Revised 2/18/09

INSTRUCTION SHEET

Please REVIEW INSTRUCTIONS BEFORE Completing the Certificate of Compliance Application

The Workers' Compensation Commission will accept only the original application, (Do not fax, photocopy or electronically reproduce). Type or print LEGIBLY (or application may be returned without review). Complete application in its entirety.

Line #1 Name of Company (If the company does not have a name leave blank)

Line #2 Owner's Name (If corporation, list the name of a contact person)

Line #3 Complete Business Address (P. O. Box Not Acceptable)

Line #4 Complete Mailing Address

Line #5 Phone Number (Pager Number Not Acceptable)
FEIN or Social Security Number required (If partnership, please initial & list the last four digits of SS# for each partner.)
If using a FEIN #, SS #'s are not necessary.

Line Check appropriate box (see back of application). Additionally, where indicated, please complete and attach Exclusion Form C-16R.

Line #7 Sign and Date (If partnership, all partners must sign.)

NOTE: Maryland Law § 9-201 requires an employer with one or more employees to carry workers' compensation insurance. Any employer with workers' compensation insurance is to submit proof (policy or binder number) of coverage to the Agency where they are applying for their license. DO NOT COMPLETE THE CERTIFICATE OF COMPLIANCE APPLICATION IF YOU HAVE INSURANCE COVERAGE. If you have any questions regarding the Certificate of Compliance, please call (410) 864-5297 or 1 (800) 492-0479 Tuesday and Thursday, 9:00 a.m. to noon. ONLY. If you do not follow the aforementioned instructions, it may cause a delay in the processing of your application. Thank you for your cooperation.

CERTIFICATE OF COMPLIANCE

Before a governmental unit may issue a license or permit to a business for the purpose of engaging in an activity in which the business might employ a covered employee, the business shall submit to the governmental unit:

(1) a certificate of compliance with this title; or
(2) the number of a workers' compensation insurance policy or binder.

If a business is not covered by a workers' compensation insurance policy, an application to secure a Certificate of Compliance shall be submitted to the Workers' Compensation Commission pursuant to Labor & Employment Article §9-105. The sole purpose of a Certificate of Compliance is to identify those businesses which are not required to carry workers' compensation insurance coverage and to enable that business to apply for and obtain a license or permit from a government agency that requires proof of workers' compensation insurance coverage. A Certificate of Compliance is **not** workers' compensation insurance and is not binding on the Workers' Compensation Commission under any circumstance.

NOTE: Maryland Annotated Code LE §9-201 requires a business with one or more employees to carry workers' compensation insurance.

Eligibility: A business may secure a Certificate of Compliance in the name of the business, only if:

(a) the business is a sole proprietor with no employees;

(b) the business is a partnership with no employees other than the individual partners;

(c-f) the business is a Farm Corporation, a Maryland Close Corporation, a Professional Corporation or a Limited Liability Company with no employees other than corporate officers or limited liability company members who have elected, under §9-206, to be excluded from workers' compensation coverage;

(g) the business is an employer of only "casual employees" as provided under LE §9-205 and defined in Maryland Law; or

(h) the business is an owner operator of a Class F (Tractor) vehicle who meets the requirements of exclusion as defined under LE §9-218.

Mail Application to: The Workers' Compensation Commission
Attention: Certificate of Compliance Officer
10 East Baltimore Street • Baltimore, Maryland 21202-1641

Facsimile Applications Will Not Be Accepted. Do not photocopy or electronically reproduce.

Licensing Agency's Stamp

APPLICATION FOR CERTIFICATE OF COMPLIANCE

(Please type or print legibly. Review instructions on reverse side prior to completing application)

1. _____
Name of Business (If trading as self, leave blank)

2. _____
Name of Owner(s) If a partnership, print each partner's name (attach separate sheet if necessary)

3. _____ _____
Business Address (P. O. Box Not Acceptable) City State Zip Code

4. _____ _____
Mailing Address City State Zip Code

5. (____) _____ _____
Phone Number (Pager Number Not Acceptable) FEIN or Social Security Number(s)

6. The above named business would qualify for a Certificate of Compliance for the following reason: **(Check the appropriate box and do not modify or qualify the stated reasons in any way.)**

a. ☐ Sole Proprietor: The business is a sole proprietorship with no employees.
b. ☐ Partnership: The business is a partnership with no employees other than the individual partners.
c. ☐ A Maryland Close Corporation (attach Exclusion Form C-16R): The business is a Maryland Close Corporation with no employees other than corporate officers.
d. ☐ Farm Corporation (attach Exclusion Form C-16R): The business is a farm corporation with no employees other than corporate officers.
e. ☐ Professional Corporation (attach Exclusion Form C-16R): The business is a professional corporation with no employees other than corporate officers.
f. ☐ Limited Liability (attach Exclusion Form C-16R): The business is a limited liability company with no employees other than limited liability company members.
g. ☐ Casual Employees: The business only employs casual workers as provided in LE §9-205 and defined under Maryland Laws.
h. ☐ Owner/Operator of Class F Vehicle: The business is that of an owner operator of a Class F (Tractor) vehicle and meets the requirements of exclusion as defined under LE §9-218.

I AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

7. _____ _____
Signature(s) **If a partnership, all partners must sign** (Use separate sheet if necessary) Date

---

After careful review of this application and based solely on the information contained in or attached to this application, the application is ☐ **APPROVED** ☐ **DISAPPROVED.**

_____ _____
Authorized Signature Date

An applicant who receives notice of disapproval may: (1) reapply for a certificate of compliance or (2) appeal the rejection in accordance with §§ 10-222 and 10-223 of the State Government Article.

Form A52 (Rev. 12/01/00)

Date Stamp - WCC Use Only

WORKERS' COMPENSATION COMMISSION
10 East Baltimore Street
Baltimore, Maryland 21202-1641
TEL: (410) 864-5100 OR (800) 492-0479
TTY (MD Relay Service): (800) 735-2258
http://www.wcc.state.md.us

EXCLUSION FORM

Pursuant to the provisions of Labor & Employment Article § 9-206 of the Annotated Code of Maryland, officers of a Closed Corporation, officers or members holding a 20% interest in a corporation that earns at least 75% of its income from farming (Farm Corporation), Professional Corporation, or Limited Liability Company are covered employees if the officer or member provides a service for monetary compensation. Such officers or members who satisfy the criteria of Labor & Employment Article § 9-206(b) may elect to become excluded from coverage by filing this Exclusion Form with the Commission.

To exercise this option, any officer or member from the aforementioned types of organizations wishing to be excluded must sign this document. **NOTE: By signing this Exclusion Form below, each officer or member affirms under the penalties of perjury that the information contained in this form is true and correct as to that officer or member, to the best of the officer's or member's knowledge, information, and belief.**

1. **NAME OF COMPANY:** _____

2. **TYPE OF COMPANY:** **(circle one)** Farm Corporation, Close Corporation, Professional Corporation, Limited Liability Company

3. **ADDRESS:** _____

   CITY: _____ **STATE:** _____ **ZIP:** _____

4. **PHONE NO:** _____

5. **DATE OFFICERS/ MEMBERS ELECT EXCLUSION:** _____

Typewritten Name and Title of Officer or Member Electing Exclusion	% of Ownership	Personal Signature

IMPORTANT: Submit original form to the Workers' Compensation Commission, a copy to the Workers' Compensation insurer of the corporation, if applicable, and keep a copy for your files.

Criminal Background Checks

Name of Program: ____

Address of Program: ____

Contact Person: ______________________ Phone Number: ______________

Individuals Requiring Criminal Background Checks: (PLEASE PRINT)

Name		**Date of Birth**	**Position** (please check one)
First Name	**Last Name**		
			□ Owner □ Applicant □ Manager □ Alternate Manager □ Other Staff □ Household Member
			□ Owner □ Applicant □ Manager □ Alternate Manager □ Other Staff □ Household Member
			□ Owner □ Applicant □ Manager □ Alternate Manager □ Other Staff □ Household Member
			□ Owner □ Applicant □ Manager □ Alternate Manager □ Other Staff □ Household Member
			□ Owner □ Applicant □ Manager □ Alternate Manager □ Other Staff □ Household Member
			□ Owner □ Applicant □ Manager □ Alternate Manager □ Other Staff □ Household Member
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			□ Owner □ Applicant □ Manager □ Alternate Manager □ Other Staff □ Household Member
			□ Owner □ Applicant □ Manager □ Alternate Manager □ Other Staff □ Household Member

Revised 2/18/09

STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Office of Health Care Quality
Bland Bryant Building · Spring Grove Center
55 Wade Avenue · Catonsville, Maryland 21228

Assisted Living Program
Cuing and Coaching Video - Order Form

Please Check One

_____ VHS _____ DVD

If you are interested in purchasing the Assisted Living Cuing & Coaching Video, please complete this form and return it to the above-listed address. Your video will be entitled "Assisted Living Medication Training Video" when you receive it in the mail. Please allow up to a three (3) week processing time.

Also, please include a money order or business check in the amount of **$38.00** made payable to "DHMH" for each video request. **WE CANNOT ACCEPT PERSONAL CHECKS.**

(Please PRINT Clearly)

Name of Care Provider: _____

Name of Assisted Living Program: _____

Mailing Address: _____

_____
(City) (Maryland) (Zip Code)

Telephone Number: _____

Type of Format: _____ VHS _____ DVD

# of videos requested: _____ **Total Price:** _____
(Make check payable to "DHMH")

(For Office Use Only – Do Not Write In This Space)

Check/Money Order Number: _____ Check Date: _____ Amount Received: $_____

410-402-8217 · 1-877-402-8221 · Fax 410-402-8212
Toll Free 1-877-4MD-DHMH · TYY for Disabled - Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.state.md.us

Date: _____

Existing Account#: _____

eCOMAR Order Form

Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

COMAR codification: _____ ;

(ex: 08.02.02*) _____ ;

_____ ;

_____ ;

_____ ;

* Each codification entered is considered a separate document

Payment Method:

☐ Check enclosed and made payable to "***Division of State Documents***"

☐ Charge to my Visa / MasterCard / American Express / Discover

Account# _____

Expiration Date: _____

Signature: _____ Phone No. _____

Basic Page Pricing *per Document**	
0 — 50	$10
51 — 100	$20
101 — 150	$30
151 — 200	$45
201 — 250	$60
251 — 300	$85
301 — 350	$100
351 — 400	$125

Return Options:

Mail to:
Division of State Documents
State House
Annapolis, Maryland 21401

Fax:
410-280-5647

* For documents containing tables, maps, graphics etc. additional fees ***may*** apply.

- For additional information, please call 410-974-2486 ext. 3876 or 800-633-6957 ext. 3876
- Please allow up to 2 business days for turnaround.

STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Office of Health Care Quality
Bland Bryant Building · Spring Grove Center
55 Wade Avenue · Catonsville, Maryland 21228

PURCHASE MATERIALS

Long Term Care Diet Manual (ask for a receipt) $20.00 each

Send a certified personal check, business check or money order, made payable to "DHMH", to:

Office of Health Care Quality
Spring Grove Center
Bland Bryant Building
55 Wade Avenue
Catonsville, Maryland 21228

ATTN: Receptionist Desk

Please be sure to include your name, full address, telephone number, name of requested material(s) and how many product(s).

410-402-8217 · 1-877-402-8221 · Fax 410-402-8212
Toll Free 1-877-4MD-DHMH · TYY for Disabled - Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.state.md.us

STATE OF MARYLAND
DHMH
Maryland Department of Health and Mental Hygiene
Office of Health Care Quality
Spring Grove Center • Bland Bryant Building
55 Wade Avenue • Catonsville, Maryland 21228-4663
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

TRANSMITTAL

TO: Assisted Living Program Providers

FROM: Lester Brown, Program Manager LB

RE: Uniform Disclosure Statement

DATE: October 10, 2007

During last year's legislative Session, the General Assembly of Maryland passed HB 826, which required the Department, with stakeholders including providers, consumers and other government agencies, to develop an Assisted Living Program Services Disclosure Statement. The purpose of the statement is to inform consumers about the services provided by an assisted living program so that consumers may select the most appropriate program to meet their needs. The statement provides an opportunity for a provider to market the services that it provides.

The law requires all Maryland Assisted Living programs to include the completed Disclosure Statement in its marketing materials to consumers and to make it available to consumers upon request. Additionally, as part of the application for licensure, programs must file the completed form with the Office of Health Care Quality (OHCQ). If an Assisted Living Program changes the services reported on the Disclosure Statement, it must file an amended copy of the form with OHCQ within 30 days of the change in services. For further details, please see House Bill 826, codified in MD Code Ann. Health General §19-1808.

OHCQ surveyors will expect facilities to have the completed Assisted Living Disclosure Form available for review during facility surveys. The enclosed form may not be altered, but may be photocopied. Additionally, the form is available for downloading on OHCQ's website, www.dhmh.state.md.us/ohcq.

cc: Wendy Kronmiller
Stakeholders List

Transmittal #AL-07-0004

Maryland Assisted Living Program

Uniform Disclosure Statement

What is the Purpose of the Disclosure Statement?

The purpose of the Disclosure Statement is to empower consumers by describing an assisted living program's policies and services in a uniform manner. This format gives prospective residents and their families consistent categories of information from which they can compare programs and services.[1]

It is important to note that the Disclosure Statement is not intended to take the place of visiting the program, talking with residents, or meeting one-on-one with staff. Nor is the statement a binding contract or substitute for the Resident Agreement. Rather, it serves as additional information for making an informed decision about the services provided in each program.

If you have any questions about any issue raised in the Disclosure Statement or in the Resident Agreement provided by an assisted living program, please seek clarification from that program's manager or administrator.

What is Assisted Living?

Assisted living is a way to provide care to people who are having difficulty living independently. Assisted living providers furnish a place to live, meals, and assistance with daily activities such as dressing, bathing, eating, and managing medications. Assisted living programs also tend to have a less institutional look than nursing homes. However, these facilities are not as highly regulated by the State as nursing homes. There are a wide variety of assisted living programs in Maryland. They range from large, corporate-managed facilities where hundreds of people live in their own apartments to small, private homes.

Assisted living programs may differ in many ways including, but not limited to: size, staff qualifications, services offered, location, fees, sponsorship, whether they are freestanding or part of a continuum of care, participation in the Medicaid Waiver, ability to age in place, and visiting hours. Therefore, consumers should try to have a general idea of what type of setting, services, and price range they may want before contacting an assisted living program, as well as having questions prepared to ask the program manager or administrator. Consumers may find the Maryland Department of Aging's publication entitled, "Assisted Living in Maryland: What You Need to Know," helpful when they are contemplating assisted living. The publication may be downloaded from the Department of Aging's Web site. (http://www.mdoa.state.md.us/documents/ALGuide_002.pdf)

In addition, the Office of Health Care Quality (OHCQ) encourages consumers to verify the licensure status of any assisted living program that they are considering. A list of licensed assisted living programs is available online. (http://www.dhmh.maryland.gov/ohcq/about_ohcq/licensee_directory.htm)

Where can I find the Assisted Living Licensure Standards?

The Assisted Living Licensure Standards are found in the Code of Maryland Regulations (COMAR) 10.07.14, available at public libraries, online at http://www.dsd.state.md.us/comar/, or ordered for a small fee from the OHCQ. A copy of the most recent survey report of an assisted living program may be obtained from the program's manager or administrator.

[1] Assisted Living providers are not required to provide all of the services listed in the Disclosure Statement—regulatory requirements may be found in COMAR 10.07.14.

1) Assisted Living Program Contact Information:

Facility Name		
License No.	No. of Licensed Beds	Level of Care at which Facility is Licensed
Address (Street, City, State, Zip)		
Phone Number	Fax Number	
E-Mail Address (optional)	Operator/Management Company	
Manager	Contact Information	
Delegating Nurse	Contact Information	
Alternate Manager	Contact Information	
Completed By	Title	Date Completed

2) What sources of payment are accepted?

Assisted living programs differ in what types of sources they may accept for payment, e.g. private insurance, Medicaid, private pay, SSI/SSDI, etc. What sources of payment are accepted at this program?

3) What are levels of care?

The levels of care correspond with how much assistance residents need. The level of care designation, therefore, reflects the complexity of the services required to meet the needs of a resident. The State of Maryland recognizes three levels of care, and they are as follows: Level 1 is low level of care required, Level 2 is moderate level of care required, and Level 3 is high level of care required.

A resident's level of care is determined by the Resident Assessment Tool, which collects essential information about a resident's physical, functional, and psychosocial strengths and deficits. There are two components to the assessment tool - a Health Care Practitioners Physical Assessment, to be completed or verified by a health care practitioner, and the Assisted Living Manager's Assessment, to be completed by the Assisted Living Manager or designee. A resident's score on the assessment tool determines his/her level of care (Level 1 = a total score of 0-20; Level 2 = a total score of 21-40; and Level 3 = a total score of 41 or higher).

Some assisted living programs may have elected to develop more than three levels of care. If an assisted living program has more than three levels of care, please describe the levels of care and how they correlate to the three levels of care recognized by the State. In addition, include program charges for each level of care.

Explanation: (You may attach materials as necessary)

4) What is a Resident Agreement?

The resident agreement is a legal contract, obligating a consumer to provide payment in return for services to be provided by the assisted living program. An assisted living program will provide a consumer with a Resident Agreement to review and sign prior to move-in. Prospective residents should feel free to request a copy of a sample resident agreement at any time.

The resident agreement is required by regulation to include, at a minimum, the information provided in COMAR 10.07.14.24(D) and 10.07.14.25(A), such as: the level of care the program is licensed to provide, a list of services provided by the program, an explanation of the program's complaint or grievance procedure; admission and discharge policies and procedures; obligations of the program and the resident or the resident's representative with regards to financial matters—handling resident finances, purchase or rental of essential or desired equipment; arranging or contracting for services not covered by the resident agreement; rate structure and payment provisions; identification of persons responsible for payment; notice provisions for rate increases; billing, payment, and credit polices; and terms governing the refund of any prepaid fees or charges in the event of a resident's discharge or termination of the resident agreement.

5) What Services are Provided?

Consumers should expect assisted living programs to provide clear information regarding services and fees. Some programs may charge fees for services based on the resident's assessed level of care, while others may provide an "a la carte" menu of services. Consumers should understand what is included in the base monthly rate, what services require an additional charge, circumstances under which fees may increase, and the refund policy. Below is a chart to help consumers better compare assisted living programs. This chart is not all-inclusive and providers may offer more or fewer services than listed below.

Offered		Service	Included in Base Rate for Level of Care (yes/no)	May be Purchased Separately. If so, please indicate cost.
Yes	No			
Nursing and Clinical Care:				
☐	☐	24-Hour Awake Staff, Including Awake Overnight Staff		
☐	☐	Nursing Review Every 45 Days (Required by COMAR)		
☐	☐	On-site Licensed Nursing (_____ Hours/Week)		
☐	☐	Physician Services		
☐	☐	Bladder Incontinence Care		
☐	☐	Bowel Incontinence Care		
☐	☐	Catheter Care		
☐	☐	Consultant pharmacist medication review (required in some cases)		
☐	☐	Diabetes Care		
☐	☐	End of Life Care		
☐	☐	Home Health		
☐	☐	Hospice Care		
☐	☐	Incontinence Products		
☐	☐	Infection Control Materials (e.g., gloves, masks, etc.)		
☐	☐	Nutritional Supplements		
☐	☐	Service Plan and Frequency _____(Required by COMAR at least every 6 months)		
☐	☐	Temporary use of wheelchair/walker		

Offered		Service	Included in Base Rate for Level of Care (yes/no)	May be Purchased Separately. If so, please indicate cost.
Yes	No			
Personal Care:				
☐	☐	Arrange/Coordinate Medical Appointments		
☐	☐	Assistance with bathing		
☐	☐	Assistance with dressing		
☐	☐	Assistance with handling money		
☐	☐	Assistance with incontinence		
☐	☐	Assistance with preparing meals		
☐	☐	Assistance with shopping for food or personal items		
☐	☐	Assistance with toileting		
☐	☐	Companion Services		
☐	☐	Housekeeping		
☐	☐	Mobility/Transfer Assistance		
☐	☐	Personal Care Items		
Environment:				
☐	☐	Activities program (_____ days per week), specify programs or attach calendar.		
☐	☐	Alcohol Consumption		
☐	☐	Barber/Beauty Shop		
☐	☐	Cable TV		
☐	☐	Fire Sprinklers (____ in all areas or _____in some areas), specify:		
☐	☐	Internet Access		
☐	☐	Linens/Towels		
☐	☐	Chair Glide System		
☐	☐	Dry Cleaning Services		
☐	☐	Elevators		
☐	☐	Emergency Call System		
☐	☐	Emergency Generator		
☐	☐	Fire Alarm System		
☐	☐	Automatic Electronic Defibrillators (AEDs)		
☐	☐	Handrails		
☐	☐	Personal Laundry		
☐	☐	Personal Phone		
☐	☐	Pets Allowed, specify:		
☐	☐	Ramps		
☐	☐	Security Services, specify:		
☐	☐	Smoking		
☐	☐	Secured Areas		
☐	☐	Sprinkler system		
☐	☐	Transportation, specify		
☐	☐	Visitation, specify hours and include the facility's policies and procedures		

Offered Yes	Offered No	Service	Included in Base Rate for Level of Care (yes/no)	May be Purchased Separately. If so, please indicate cost.
Environment: (Continued)				
☐	☐	Volunteer Services, specify and include the facility's policies and procedures		
☐	☐	Wander Guard or similar system, specify:		
Dietary:				
☐	☐	Meals (_____ per day & snacks) (COMAR requires a minimum of 3 meals per day & additional snacks)		
☐	☐	Special Diets, specify:		
☐	☐	Family or Congregate Meals		
Pharmaceuticals/Medications:				
☐	☐	Durable Medical Equipment, specify:		
☐	☐	Medication Administration		
☐	☐	Medication Injections		
☐	☐	Pharmaceuticals		
☐	☐	Self Administration of Medications Permitted		
☐	☐	Use of Outside Pharmacy Permitted		
☐	☐	Use of Mail Order Pharmacy Permitted		
Specialized Care or Services:				
☐	☐	Behavior Management: Verbal Aggression		
☐	☐	Behavior Management: Physical Aggression		
☐	☐	Dementia Care		
☐	☐	Intravenous Therapy		
☐	☐	Mental Health Supports and Services, specify:		
☐	☐	Ostomy Care		
☐	☐	Oxygen Administration		
☐	☐	Special Care Units, if there are additional charges for this type of care, please specify cost difference as well as how those services differ from the services provided in the rest of the program.		
☐	☐	Services for persons who are blind		
☐	☐	Staff who can sign for the deaf		
☐	☐	Bilingual Services		
☐	☐	Tube Feeding		
☐	☐	Wound Care		

Are the resident, resident's representative, or family members involved in the service planning process? ☐ Yes ☐ No

Explanation: (optional)

Is the service plan reviewed with the resident, resident's representative, or family members? ☐ Yes ☐ No

Explanation:(optional)

Who assists with or administers medications? (Check all which apply)
☐ Delegating Nurse/Registered Nurse ☐ Licensed Practical Nurse ☐ Medication Technician ☐ Other (specify):

6) What are the criteria for discharge or transfer?

The following is a list of situations that may necessitate the termination of the resident agreement and the transfer or discharge of a resident from an assisted living program. Consumers are encouraged to inquire about an assisted living program's policies and procedures in the event that a resident must relocate. This list is not all-inclusive and criteria will differ depending upon the assisted living program's ability to provide certain types of care. All transfers and discharges must comply with Maryland regulatory requirements, including notice requirements, and terms of the Resident Agreement.*

Criteria/Factor which may:	Cause (temporary) transfer	Cause (permanent) discharge	Require the use of external resources
Medical condition requiring care exceeding that of which the facility determines it can safely provide	☐	☐	☐
Unacceptable physical, verbal, or sexual behavior	☐	☐	☐
Medication stabilization	☐	☐	☐
Danger to self or others	☐	☐	☐
Inability to toilet	☐	☐	☐
Non-ambulatory	☐	☐	☐
Inability to eat/tube feeding	☐	☐	☐
Must be hand fed	☐	☐	☐
Inability to walk/bedfast	☐	☐	☐
Others:	☐	☐	☐
Mental health issues, specify:	☐	☐	☐
Mobility changes	☐	☐	☐
Needs skilled nursing care	☐	☐	☐
Requires sitters	☐	☐	☐
Medication injections	☐	☐	☐
Behavior management for verbal or physical aggression	☐	☐	☐
Bladder incontinence care	☐	☐	☐
Bowel incontinence care	☐	☐	☐
Intravenous (IV) therapy	☐	☐	☐
Level of care change	☐	☐	☐
Moderate or advanced dementia, specify:	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

*Under Maryland Regulations an assisted living program may not provide services to an individual who at the time of initial admission, as established by the initial assessment, requires: (1) More than intermittent nursing care; (2) Treatment of stage three or stage four skin ulcers; (3) Ventilator services; (4) Skilled monitoring, testing, and aggressive adjustment of medications and treatments where there is the presence of, or risk for, a fluctuating acute condition; (5) Monitoring of a chronic medical condition that is not controllable through readily available medications and treatments; or (6)Treatment for a disease or condition which requires more than contact isolation. Exceptions to the conditions listed above are provided for individuals who are under the care of a licensed general hospice program.

Who makes the resident discharge or transfer decision?

- ☐ Assisted Living Manager
- ☐ Delegating Nurse
- ☐ Registered Nurse
- ☐ Other (specify)_____

Do families have input into the discharge or transfer decision? ☐ Yes ☐ No

Is there an avenue to appeal the discharge or transfer decision? ☐ Yes ☐ No

Explanation:(optional)

Does the assisted living program assist families in making discharge or transfer plans? ☐ Yes ☐ No

Explanation:(optional)

7) What are the requirements for staff training?

COMAR requires that assisted living programs provide initial and annual training for the alternate manager and staff in: (a) fire and life safety, including the use of fire extinguishers; (b) infection control, including standard precautions, contact precautions, and hand hygiene; (c) basic food safety; (d) emergency disaster plans; (e) basic first aid by a certified first aid instructor; and (f) cognitive impairment and mental illness training. Staff must have training or experience in: (a) the health and psychosocial needs of the population being served; (b) the resident assessment process; (c) the use of service plans; and (d) resident rights. A sufficient number of staff must also have initial and ongoing training in CPR training from a certified instructor. Consumers are encouraged to talk to the assisted living program manager about sources of staff training and their qualifications.

COMAR requires that assisted living program managers have sufficient skills, training, and experience to serve the residents in a manner that is consistent with the philosophy of assisted living. Managers must have verifiable knowledge in: (a) the health and psychosocial needs of the population being served; (b) the resident assessment process; (c) use of service plans; (d) cuing, coaching, and monitoring residents who self-administer medications with or without assistance; (e) providing assistance with ambulation, personal hygiene, dressing, toileting, and feeding; and (f) resident rights. Managers must receive initial and annual training in: (a) fire and life safety; (b) infection control, including standard precautions; (c) emergency disaster plans; and (d) basic food safety. Managers are required to have initial certification and recertification in: (a) basic first aid by a certified first aid instructor; and (b) basic CPR by a certified CPR instructor.

COMAR requires that assisted living program managers of programs licensed for five beds or more have completed an 80-hour manager's training course. Some managers are exempt from this requirement.

Some assisted living programs may elect to require training for staff, managers, and alternate managers beyond these requirements.
Additional training provided: _____

8) What is the assisted living program's staffing pattern?

COMAR requires assisted living programs to develop a staffing plan that includes on-site staff sufficient in number and qualifications to meet the 24-hour scheduled and unscheduled needs of the residents. The delegating nurse, based on the needs of a resident, may issue a nursing order for on-site nursing.

SHIFTS (Enter the hours of each of your facility's shifts)	NUMBER OF STAFF PER SHIFT PER DAY							
	RN	LPN	CNA	Medication Tech.	Activity Workers	Non-Licensed Assistive Personnel	Other Workers	Awake Overnight

If staff do not work on a per-day basis, indicate the onsite hours per month.

RN	LPN	Physician	Social Worker	Pharmacist

Explanation:

9) How do I file a complaint?

Under Maryland regulations, assisted living programs are required to have an internal complaint or grievance procedure. An explanation of the assisted living program's internal complaint or grievance procedure must be included in the resident agreement. Consumers should review this information and make sure that they understand how the internal complaint or grievance procedure operates. Consumers should direct any questions about the internal procedure to the assisted living program's manager or administrator.

Consumers may also report concerns or file a complaint regarding an assisted living program to the Office of Health Care Quality. Complaints may be registered over the phone or through the OHCQ Web site. Complaints may be anonymous. For more information regarding filing a complaint, please visit the Office of Health Care Quality's Web site at http://www.dhmh.state.md.us/ohcq/faq_help/file_a_complaint.htm or call (410) 402-8217 or 1-877-402-8218.

Maryland Department of Health and Mental Hygiene—Office of Health Care Quality
Spring Grove Hospital Center—Bland Bryant Building
55 Wade Avenue
Catonsville, Maryland 21228
Phone: (410) 402-8000 Toll Free: 1-877-402-8218
www.dhmh.state.md.us/ohcq

Important Waiver Information

The State cannot accept new *Older Adults Waiver* applications.

Medicaid's Home and Community Based Services waivers are limited by enrollment caps and budget allocations. The *Older Adults Waiver* will soon reach its limit and the State must suspend accepting new waiver applications. If you are interested in waiver services, you may "save your place" by putting your name on the Waiver Services Registry, a list of individuals interested in receiving waiver services when additional slots become available. To put your name on the Waiver Services Regis call (toll free) 1-866-417-3480. Once your name is on the Registry, the State can notify you if slots become available.

Questions & Answers About the *Older Adults Waiver*

What is the Older Adults Waiver?

- The Older Adults Waiver is one of Maryland's Home and Community Based Services Waivers. It provides assistance to help older adults continue to live in their homes or in licensed assisted living facilities.

What are the eligibility criteria for the Older Adults Waiver?

- When waiver slots are available, individuals must meet medical, financial, and technical guidelines to be eligible for Older Adults Waiver services. Such as:
  - Medical: Individuals must require a nursing facility level of care based on an assessment from their local health department.
  - Financial: Monthly income of no more than $1656. Assets may not exceed $2000 or $2500 (depending on eligibility category).
  - Technical: Maryland resident, aged 50 and older.

Assisted Living Manager (ALM)Course

Who is required to complete an 80-hour manager training course?

COMAR 10.07.14.16 and .17 require all managers employed by a facility licensed for 5 beds or more to complete an approved 80-hour manager training course. In addition, these managers are also required to complete 20 hours of Department-approved continuing education every 2 years. For example, if you complete your 80-hour manager training course in August 2009, you will be required to complete 20 hours of continuing education no later than August 2011.

Is anyone exempt from the 80-hour course?

Yes. An individual is exempt from the 80-hour course if they: (a) have been employed as an ALM in Maryland for 1 year before January 1, 2008 (this date is later than COMAR due to the limited number of vendors teaching the course); (b) are employed by a program and enrolled in a Department-approved manager training course that the individual expects to complete within 6 months; (c) are temporarily serving as an ALM for less than 45 days due to an assisted living manager leaving employment and before the hiring of a permanent manager; or (d) are licensed as a nursing home administrator in Maryland. See COMAR .16E for more details.

Please note that being exempt from the 80-hour course does not exempt an ALM from completing the required 20 hours of continuing education every two years. Managers exempt from the 80-hour course will be required to complete 20 hours of continuing education by no later than August 2011 and every two years thereafter.

What is the enforcement date?

Our current timeline is for managers to have until August 2009 to comply with this training requirement. Managers are encouraged to take an approved course in advance, as we believe this training will benefit resident care.

What will happen during survey inspections?

Until the enforcement date, the Office of Health Care Quality (OHCQ), during our survey inspections, will determine if an ALM is sufficiently qualified to serve as an ALM by referring to COMAR 10.07.14.15B. This standard will hold true for ALMs who are exempt as well as those who are required to take the 80-hour ALM course.

Who is approved to teach the 80-hour ALM course?

Please see the attached chart. As ALM training curriculums are approved, updates will be made available on the OHCQ website www.dhmh.state.md.us/ohcq.

Who can I contact with questions?

If you have any questions regarding ALM training courses, please call Norma Schultz at (410) 402-8186 or e-mail her at nschultz@dhmh.state.md.us.

Revised 2/18/09

For a list of Approved Assisted Living Manager Training Courses please go to:
http://dhmh.md.gov/ohcq/regulated_programs/al_training.htm?id=7

Trainer Requirements and Qualifications for Other Staff

What are the training qualifications for other staff?

COMAR 10.07.14.19B specifies the minimum qualifications for all "other staff," which includes mandatory initial and annual training requirements.

What does the term "other staff" mean?

The requirements of .19B pertain to staff that care for residents, but are not the assisted living manager (ALM). Therefore, all staff providing resident care, including the alternate assisted living manager, must comply with the requirements of this regulation.

What specific trainings are required for other staff?

See the attached chart for a list of required trainings.

Are ALMs permitted to provide training to other staff?

ALMs are among the health care professionals who may conduct certain trainings specified in the assisted living regulations, provided they have at least three (3) years of experience as an ALM. ALMs who have met this requirement may provide the following trainings for their staff: fire and life safety, infection control, and basic food safety.

Who is permitted to provide the remaining trainings to other staff?

See the attached chart for details on who is permitted to provide specific trainings.

What will happen during survey inspections?

OHCQ surveyors will review the curriculum of all training programs to ensure content as well as the specific qualifications of the trainer.

Who can I contact with questions?

If you have any questions, please do not hesitate to call an OHCQ Assisted Living Nurse Surveyor at 410-402-8217 or 1-877-402-8221 (toll-free).

Trainer Requirements and Qualifications for Other Staff

Training	Who can train	Training frequency	Required documentation	Specific staff
Fire and Life Safety	Any current or retired professional possessing 3 years experience in related field or an assisted living manager possessing 3 years experience as an assisted living manager	Initial and Annual	Documentation of successful course completion, staff name, date of training, signature of trainer, content of training	All Staff
Infection Control including standard precautions, contact precautions & hand hygiene	Any licensed healthcare professional, any person possessing 3 years experience in healthcare related field, or an assisted living manager possessing 3 years experience as an assisted living manager	Initial and Annual	Documentation of successful course completion, staff name, date of training, signature of trainer, content of training	All Staff
Basic Food Safety	Any current or retired professional possessing 3 years experience in related field or an assisted living manager possessing 3 years experience as an assisted living manager	Initial and Annual	Documentation of successful course completion, staff name, date of training, signature of trainer, content of training	All Staff
Basic First Aid	Certified Instructor	Initial and Annual, or upon expiration of certification	Presentation of card or annual training as proof of training	All Staff
Emergency Disaster Plans	Any person possessing 3 years experience in related field, or representative from a local emergency management office	Initial and Annual	Documentation of successful course completion, staff name, date of training, signature of trainer, content of training	All Staff
Cognitive Impairment includes: Alzheimer's, dementia and mental illness	Any licensed healthcare professional, any person possessing 3 years experience in healthcare related field, any current or retired professional possessing 3 years experience in related field, or any organization that specializes in Alzheimer's, dementia or mental illness training, such as the Alzheimer's Association, Mental Health Association of Maryland, or Copper Ridge Institute.	(5) hours of training within 1st (90) days & (2) hours of training annually thereafter for all employees involved in the provision of personal care. (2) hrs. training within 1st (90) days of employment and (1) hr. of training annually thereafter for employees not involved in the provision of care	Documentation of successful course completion, staff name, date of training, signature of trainer, content of training	Specified in regulation
Medication Technician	RN who has completed a delegating nurse/case manager course approved by the Maryland Board of Nursing (MBON)	Initial and updates every (2) years	Listed on MBON website	Individuals giving meds
Basic CPR	Certified instructor	Initial and Annual, or upon expiration of certification	Retain copies of card as proof of training in personnel files	Sufficient staff to ensure coverage on all shifts

Revised 2/18/09

Level of Care Definitions

Levels of care refer to services provided by the facility and staff having the ability to provide such services. Levels of care are differentiated by the amount of assistance the resident requires.

Level 1: Low Level of Care.

Level 1 residents require occasional supervision, assistance, support, setup, or reminders with some, but not all, activities of daily living and assistance with taking medication or coordinating access to necessary medication and treatment. These residents may have occasional behaviors, psychological, or psychiatric episodes that are likely to disrupt or harm the resident or others and may occasionally need assistance in accessing social and recreational services.

Level 2: Moderate Level of Care.

Level 2 residents require substantial support with some, but not all, activities of daily living, or minimal support with any number of activities of daily living, including assistance with taking medication, or administration of necessary medication and treatment, including staff monitoring of the effects of the medication and treatment. These residents may require intervention to manage frequent behaviors, psychological, or psychiatric episodes which are likely to disrupt or harm the resident or others and may require limited skilled interpretation, or prompt intervention or support, as well as ongoing assistance in accessing social and recreational services.

Level 3: High Level of Care.

Level 3 residents require access to, and coordination of, comprehensive health services and interventions, including nursing overview as needed, to compensate for any number of activities of daily living deficits; assistance with taking medication, and staff administration of necessary medication and treatment, including monitoring or arranging for monitoring of the effects of complex medication and treatment regimens; ongoing therapeutic intervention or intensive supervision to manage chronic behaviors, including a variety of psychological or psychiatric episodes involving active symptoms, condition changes, or significant risks which are likely to disrupt or harm the resident or others and may require skilled interpretation or immediate interventions; and access to comprehensive social and recreational services.

Level 3+: For Specific Patients.

The Level of Care 3+ waiver means that the patient requires a higher level of care than the facility is currently licensed to provide. If the facility can provide this level of care without harm to that patient or other patients, they may apply to OHCQ to be granted authority to provide the higher level of care.

How to Determine the Square Footage of a Resident Room

- Assisted living programs licensed after 1999 shall provide a net of at least 80 square feet (sq. ft.) of **functional space** for single occupancy rooms. (Homes licensed before 1999 shall provide a net of at least 70 sq. ft. of functional space for single occupancy.)

- Double occupancy resident rooms shall provide a net of 120 sq. ft. of **functional space**.

- In order to meet the regulatory room size requirements for a resident's room, you must measure the size of the room.

- To obtain the gross square footage of a room, measure the length and width and multiply these two measurements.

- In order to determine the net square footage of functional space in a resident's room, you must **deduct the floor area of the following** from the gross square footage:

    a) Closets, wardrobes, bureaus, or lockers
    b) The arc of any door, excluding closet doors that open into the room
    c) Toilet rooms and bathing areas

Example:

Room measures 10 ft. in width and 12 ft. in length

10 ft. x 12 ft. = 120 sq. ft. of **gross floor area**	120 sq. ft.

Subtract the following:

Door opening:	3 ft. x 3 ft. = 9 sq. ft.	-9 sq. ft.
Wardrobe:	2 ft. x 3 ft. = 6 sq. ft.	-6 sq. ft.
	Total Net (Functional Space):	105 sq. ft.

The net total functional space is 105 sq. ft. which would allow the room to be used as a single occupancy resident room.

Revised 2/18/09

Policy and Procedure Guidelines

- ✓ Before receiving a license to operate an assisted living program in Maryland, among other requirements, applicants are required to develop policies and procedures in accordance with the policies described in COMAR 10.07.14. Effective March 1, 2008, sample policies and procedures provided by the Office of Health Care Quality (OHCQ) will no longer be accepted. Policies and procedures must be personalized to your facility. (The sample resident agreement included in this packet will not be accepted unless it is personalized to your facility.)

- ✓ Your policies establish standards and protocols for the day-to-day operation of your assisted living program. While you are required to develop policies and procedures relevant to your program, the following definitions will assist you.

- ✓ "**Policy**" means a plan of action or decision by the assisted living program when encountering certain issues or conditions in which a desired outcome is prescribed. In some instances, a policy may be developed without developing an accompanying procedure. Policies must be written in compliance with any regulation governing a specific topic. Your program policies may be more restrictive than regulations, but not less restrictive than existing COMAR regulations. In addition to the regulation requirements listed in this application packet, you will find other regulations in your assisted living regulation manual, which may require policies and procedures.

- ✓ "**Procedure**" means a step-by-step process of interactions by the assisted living program designees, such as residents, employees, units, or departments for the purposes of carrying out assisted living program policy. Procedures are developed when a policy requires clarification or instructions for compliance.

- ✓ "**Guidelines, protocols, or standards**" are documents that are plans of action and/or decision making tools to be used internally by a component of the assisted living program. These documents may not apply to all residents, employees, units, or departments, but only to those who are completing certain tasks in the program (such as medical and nursing documentation or service plan development).

- ✓ Should you require assistance in developing comprehensive policies and procedures for your assisted living program, OHCQ strongly recommends that you obtain a consultant, review written materials on how to draft policies and procedures, or conduct an internet search on "how to write policies and procedures."

Assisted living programs are held accountable for COMAR 10.07.14 (available for purchase from OHCQ). Also applicable may be: COMAR 10.27.09, COMAR 32.02.01.01B(35), COMAR 32.02.02.31, COMAR 10.27.11, COMAR 29.06.01, COMAR 09.12.23, COMAR 10.15.03, COMAR 10.01.03, COMAR 28.02.01, COMAR 10.39.04.02, COMAR 10.07.10, COMAR 10.07.02.01-1, COMAR 32.03.02, COMAR 10.07.14.08, 42 CFR §§484.18, 484.30, and 484.32, the content of the Maryland Board of Nursing medication administration course, and generally accepted accounting principles (GAAP) for the maintenance of resident funds. COMAR is available in libraries and online at www.dsd.state.md.us/comar/.

Assisted Living Program
Sample Resident Agreement

Attached is a sample assisted living program (ALP) resident agreement which you may tailor to the needs of your facility. If you use this agreement "as is" and merely fill in the facility-specific information required, you will streamline your resident agreement approval process during your initial or annual inspection.

Please note, however, that this agreement may not meet all the needs of your facility. This agreement includes services and provisions which are outlined in the ALP regulations (COMAR 10.07.14) but which may be optional or not appropriate if your facility is not licensed or equipped to provide a certain service. In addition, this agreement may not include necessary information such as your full admission/discharge procedures, which you are required to include in your facility's resident agreement. Also, keep in mind that the resident agreement shall not conflict with information contained in your Uniform Disclosure Statement.

Please review the regulations carefully to ensure you have complied with all requirements relating to the resident agreement.

Resident Agreement

This resident agreement has been approved by the Maryland Department of Health and Mental Hygiene. You are strongly encouraged to have your attorney or other representative review this agreement before you sign.

PARTIES

1. This agreement is between [Facility's Name] and [Resident's Name].

LEVEL OF CARE

2. [Facility Name] is licensed to provide Level 1 (low), Level 2 (moderate), and Level 3 (high) levels of care. [Indicate which levels, as appropriate.]

3. Based on information provided by your doctor and an assessment performed by this facility, you require a [Indicate Level] level of care. If your care needs change and you need a higher level of care which this facility is not licensed to provide, we may request a level of care waiver from the Department in order for you to remain here. If the waiver is not granted, we will give you ample notice that you will be discharged, and will assist you in finding an appropriate facility.

FEES

4. The monthly fee for your care at [Name of Facility] is [Amount]. This monthly fee includes the services listed below and as recorded in the Uniform Disclosure Statement. This fee does not include: [Identify things not included in fee, as appropriate]. The facility will give you 45 days advance notice in writing before any increase or change in this fee.

Resident Agreement

SERVICES

5. In consideration of your monthly payment, the facility agrees to provide the following services:

   a. A [private/semi-private] room which includes a bed, bedside table and lamp, chair, dresser, bath linens, and bed linens

   b. Meals which include three meals a day and additional snacks

   c. Personal care services which include assistance with eating, personal hygiene, transferring, toileting, and dressing

   d. Laundry and housekeeping services

   e. Assistance with access to healthcare, social services, and social activities

   f. Reminders or physical assistance to residents who can self-administer medications [and/or administration of medications]

OCCUPANCY PROVISIONS

6. You are assigned to bedroom [#] and bed [#].

7. If it becomes necessary because of health, safety, or other considerations to move your bedroom or bed assignment, the facility will give you at least 5 days advance notice and [describe policy including notice to resident and opportunity for resident's participation in the relocation decision].

8. If your care needs become greater than the facility can safely handle, it may become necessary to transfer you to another facility. In that event, you will be given at least 30 days notice before the transfer and assistance with transitioning to your new home.

9. Locks are available for your use in securing personal belongings.

Resident Agreement

10. This facility follows the following security provisions to ensure your safety and well-being:

[Include any of these as applicable.]

a. [Alarmed entry and exits]

b. [Requirements to notify staff when leaving facility and length of absence]

c. [No locks on resident room doors]

d. [Any other security measures your facility utilizes]

11. Residents have full use of their own rooms and the common areas of the facility.

12. To ensure your safety and well-being, the staff has the right to enter your room; however, the staff will make every effort to be respectful of your privacy and will always knock before entering.

13. In the event you are on a leave of absence from the facility for a hospitalization, vacation, or other reason, the facility will hold your bed, provided: [facility policy on payment for periods of absence including any reduction in fee the facility may provide].

14. In the event of an emergency situation which could make it unsafe or unhealthy to continue to provide services at the facility, the facility will make arrangements to temporarily relocate you to: [facility's plan for emergencies].

15. [Include, if appropriate: The resident rules of the facility are attached to this agreement and incorporated by reference. By signing this agreement, you have indicated acknowledgment and receipt of the resident rules and agree to abide by these rules.]

16. The following special [admission] and/or [discharge] conditions apply: [Include as necessary].

Resident Agreement

ADMISSION & DISCHARGE POLICIES

17. You may be discharged from the facility for the following reasons:

    a. [Nonpayment of fees]

    b. [Anything else]

18. In the event the facility decides to discharge you, you will be given at least 30 days advance notice prior to the date of discharge. In the event you are discharged because of a health emergency, the facility may not be able to give you 30 days notice.

19. If you wish to leave the facility, you are required to give 30 days prior notice of the date you wish to terminate this agreement; however, if you are leaving because of a health emergency, 30 days advance notice is not required.

COMPLAINT AND GRIEVANCE PROCEDURES

20. A copy of the residents' rights is attached and incorporated by reference into this agreement. This facility will honor and respect your rights.

21. You have the right to make suggestions, register complaints, or present grievances about the care or service you or another resident receives here. You may address these concerns to [Assisted Living Manager's Name], Assisted Living Program Manager or you may contact the Assisted Living Complaint Unit at (410) 402-8200 or toll free at 1 (877) 402-8221.

22. If your concern is directed to the ALP manager, you will receive a response to your concern within 5 days. If you are not satisfied with that response or if the ALP manager does not respond to you, you may contact the Assisted Living Complaint Unit at (410) 402-8200 or toll free at 1 (877) 402-8221.

Resident Agreement

MISCELLANEOUS PROVISIONS

23. [Facility, you, or your responsible party] is responsible for arranging for or overseeing your care and for contracting for services including equipment and supplies not provided by the facility.

24. [Facility, you, or your responsible party] is responsible for monitoring your health status.

25. The facility [will/will not] handle your finances for you if you are unable. [If facility does handle finances, describe policy here.]

26. If for any reason you have not taken your personal property with you upon discharge, the facility will pack up your belongings and safely store them for 30 days. If you or your family has not retrieved them within 30 days of discharge, your property will be disposed of.

IN WITNESS WHEREOF, THE PARTIES HAVE EXECUTED THIS AGREEMENT on this _____ day of _____, _____.

WITNESS:

_____

[NAME OF FACILITY]

_____

By: [SIGNATURE]

Name: [PRINTED NAME]

Title: _____

WITNESS:

_____

RESIDENT or RESPONSIBLE PARTY:

_____